

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Mar 06 1997 8:00am
Secretary of State

DOCUMENT # N93000002711 (0)

1. Corporation Name

IGLESIA CRISTINA TESALONICA, INC.

Principal Place of Business

#00 N. 35TH AVENUE
HOLLYWOOD FL 33021
US

Mailing Address

P.O. BOX 6636
HOLLYWOOD FL 33081
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

06/17/1993

3a. Date of Last Report

03/21/1996

4. FEI Number

65-0517163

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEREZ, RUBEN
2519 SCOTT STREET
HOLLYWOOD FL 33020

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETENAME PEREZ, RUBEN
STREET ADDRESS 2519 SCOTT STREET #2
CITY-ST-ZIP HOLLYWOOD FL1.1 TITLE ☐ Change ☐ Addition

NAME PEREZ, RUBEN

STREET ADDRESS 2519 SCOTT STREET #2

CITY-ST-ZIP HOLLYWOOD FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VD ☐ DELETENAME PEREZ, SARA
STREET ADDRESS 2519 SCOTT STREET #2
CITY-ST-ZIP HOLLYWOOD FL2.1 TITLE ☐ Change ☐ Addition

NAME PEREZ, SARA

STREET ADDRESS 2519 SCOTT STREET #2

CITY-ST-ZIP HOLLYWOOD FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE VSD ☐ DELETENAME PEREZ, SARA
STREET ADDRESS 2519 SCOTT STREET
CITY-ST-ZIP HOLLYWOOD FL3.1 TITLE ☐ Change ☐ Addition

NAME PEREZ, SARA

STREET ADDRESS 2519 SCOTT STREET

CITY-ST-ZIP HOLLYWOOD FL

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE TD ☐ DELETENAME ORTIZ, SILA A
STREET ADDRESS 6831 CHARLESTON STREET
CITY-ST-ZIP HOLLYWOOD FL4.1 TITLE ☐ Change ☐ Addition

NAME ORTIZ, SILA A

STREET ADDRESS 6831 CHARLESTON STREET

CITY-ST-ZIP HOLLYWOOD FL

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sara Perez
SIGNATURE: typed or printed name of registered agent and title if applicable.

2/22/97

CR2E037 (9/96)